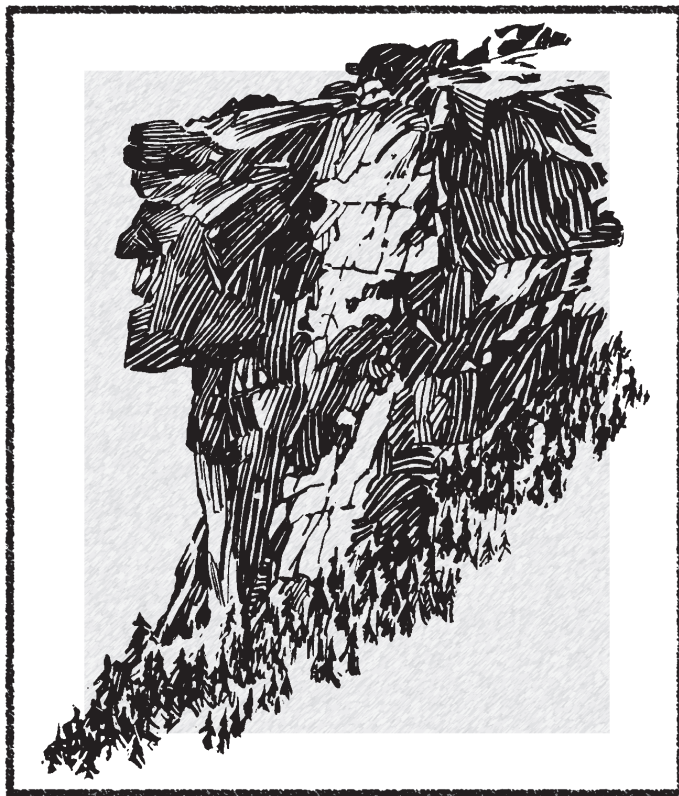


Health Education Curriculum Guidelines



**New Hampshire State Department of
Education**

**CCSSO~SCASS
Health Education Assessment Project**

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Health Education Curriculum Guidelines

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the CCSSO~SCASS Health Education Assessment Project.

This document was created for the CCSSO~SCASS Health Education Assessment Project. This project is one of eleven State Collaboratives on Assessment and Student Standards (SCASS) projects at CCSSO. Portions of this document were developed in collaboration with the Delaware Department of Education and with AAHE.

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Preface

The CCSSO~SCASS Health Education Assessment Project

The State Collaborative on Assessment and Student Standards (SCASS) Health Education Assessment Project is coordinated by the Council of Chief State School Officers (CCSSO). The Health Education Assessment Project was begun in 1993 to identify and develop assessment measures in the area of health education. The project is designed to help member states develop innovative materials to use in assessing student performance in health education. Its major purpose is to guide improvement in health education planning and delivery.

This publication is an expansion of the original *Assessment Framework* developed in 1998. It is part of Phase III of the project. This phase, which began in 2000, focuses on supporting implementation in the states. This expansion was designed to meet the expressed needs of HEAP members. The three phases of the HEAP are summarized in the following chart.

HEAP	Phase I	Phase II	Phase III
Focus	Building a foundation for developing an assessment system.	Item development.	Supporting implementation in the states.
Key Activities	Conceptualize an assessment approach that relates to the National Health Education Standards. Write and field-test items. Develop valid and reliable scoring system for performance assessment. Develop awareness and educational materials for assessment in health education.	Convene expert panel to create framework for item development. Write and field-test items Conduct range-finding to select a bank of exemplars for performance assessment. Create professional development materials for teachers.	Review and revise Phases I and II items. Provide products developed in Phase II in user-friendly ways. Create and revise materials for professional development. Provide technical assistance to states for training design and implementation.
Products	Item Bank Scoring System Portfolio Guide HEAP CD Rubric Cards	Assessment Framework Item Bank Exemplars Tools for Assessment	Item Binders—Year 1 Release* Exemplar Binders—Year 1 Release* Curriculum and Assessment Framework HEAP CD—Release 1* Revised Rubric Cards* HEAP CD—Release 2 Posters for Classrooms*

* Products currently completed in this phase.

Health Education Standards and Assessment

Introduction to Health Education

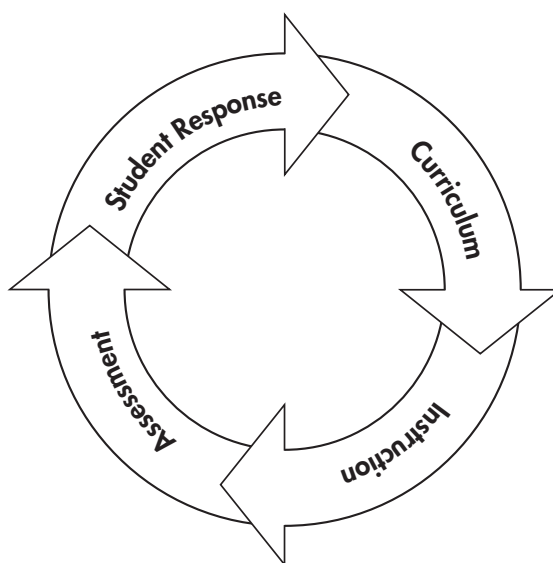
New Hampshire State Board of Education strongly urges local districts to establish a health program advisory committee, comprised of parents, educators, clergy, health officials, and others to assist educators in the development and implementation of a health education curriculum reflective of the needs and viewpoints of the parents in the local community. The New Hampshire Health Education Curriculum Guidelines provide a model of standards-based instruction and assessment that should be adapted to meet community needs at the local level.

The purpose of these curriculum guidelines is to help teachers and curriculum developers recognize the connections between skill-based health education curriculum, assessment, and instruction in order to more effectively develop health-literate citizens.

Health literacy is the capacity of individuals to obtain, interpret, and understand basic health information and services in ways that enhance health. The following diagram shows these connections in a process of continuous school improvement.

The New Hampshire Health Education Guidelines are based on the National Health Education Standards (NHES). The first NHES standard addresses health education content (what students need to know) while standards 2–7 address the skills needed to support healthy and safe actions. Skill-based instruction in health education provides students with the opportunity to practice skills through a variety of health education options.

MODEL FOR CONTINUOUS SCHOOL IMPROVEMENT



Rationale for Health Education

Educators are setting goals for students to think critically, solve complex problems and communicate effectively as they achieve their own potential and develop into responsible and productive citizens. Parents and future employers recognize the need for students to become lifelong learners, who can effectively use new information and technologies in their ever-changing world. Physical, mental and emotional health are critical components of a student's ability to learn, achieve and succeed. Effective comprehensive school health education in the context of a coordinated school health program furthers the goals of education and those of a productive society.

The health status of the work force is a major recognized threat to the country's economic competitiveness. A variety of factors contribute to lower health status, including tobacco, alcohol and other drug use; low levels of physical activity; poor nutrition and eating habits; accidental and other injuries; and stress. Poor worker health status results in lower productivity and efficiency, loss of work time, and increased cost for medical care and medical insurance to treat preventable disease. Current national efforts to improve the health of Americans urge individuals to consistently practice behaviors that promote personal lifelong health and well-being; to access quality health care services effectively; and to promote the health of others, the community and the environment.

From this perspective, comprehensive health education in schools plays a critical role in teaching students the functional knowledge and skills needed to promote health and prevent disease. Students who receive a K-12 sequentially skill-based health education program will contribute to the nation's economic competitiveness, because they will (1) be able to perform more effectively; (2) miss fewer days from work due to injury and illness; and (3) need less medical treatment for premature onset of disease. As a result, direct productivity will increase and the cost of doing business will decrease. Health knowledge and skills are as significant to economic competitiveness and education reform as the knowledge and skills taught in any other subject in the schools.

Health Education within the Context of a School Wellness Program

A coordinated approach to school health improves students' health and their capacity to learn through the support of families, schools and communities working together. At its very core, Coordinated School Health is about keeping students healthy over time, reinforcing positive healthy behaviors throughout the school day, and making it clear that good health and learning go hand in hand. Coordinated School Health Programs (CSHP) offer students the information and skills they need to make good choices in life.

1. Health Education—A planned, sequential, K–12 program that addresses the physical, mental, emotional and social dimensions of health. The program is designed to motivate and assist students to maintain and improve their health, prevent disease and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, skills and practices. Qualified, trained teachers provide health education.

2. Physical Education—A planned, sequential K–12 program that provides cognitive content and learning experiences in a variety of activity areas. Quality physical education should promote, through a variety of planned physical activities, each student's optimum physical, mental, emotional and social development, and should provide activities and sports that all students enjoy and can pursue throughout their lives. Qualified, trained teachers teach physical education.

3. Health Services—Services provided for students to appraise, protect and promote health. These services are designed to ensure access or referral to primary health care services; prevent and control communicable disease and other health problems; provide emergency care for illness or injury; promote and provide educational and counseling opportunities for promoting and maintaining individual, family and community health. Qualified professionals such as physicians, school nurses, nurse practitioners, health educators and other allied health personnel provide these services.

4. School Nutrition Services—Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education and serve as a resource for

linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.

5. Health Promotion for Staff—Opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue healthy lifestyles that contribute to their improved health status, improved morale and greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities help improve productivity, decrease absenteeism and reduce health insurance costs.

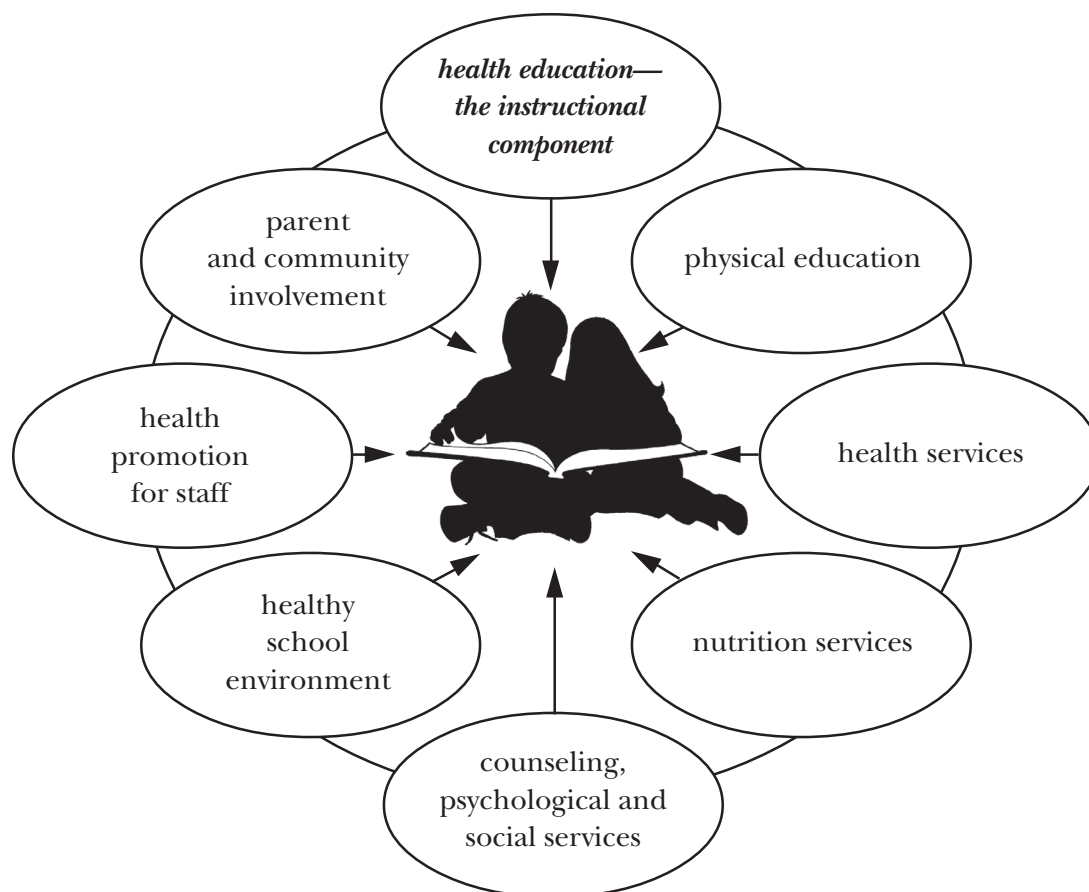
6. Counseling, Psychological and Mental Health Services—Services provided to improve students' mental, emotional and social health. These services include individual and group assessments, interventions and referrals. Organizational assessments and consultation skills of counselors and psychologists contribute not only to the health of students, but also to the health of the school environment. Professionals such as certified school counselors, psychologists and social workers provide these services.

7. Healthy School Environment—The physical and aesthetic surroundings and the psychosocial climate and the culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological and chemical agents that are detrimental to health, and physical conditions such as temperature, noise and lighting. The psychological environment includes the physical, emotional and social conditions that affect the well-being of students and staff.

8. Parent/Community Involvement—An integrated school, parent and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

Reference: <http://www.cdc.gov/nccdphp/dash/cshpdef.htm>

COORDINATED SCHOOL HEALTH PROGRAM— EIGHT COMPONENT MODEL



Foundations for Health Instruction

Research and documents from the field of health education serve as the basis for this manual. The National Health Education Standards; the CCSSO~SCASS Health Education Assessment Project; a logic model for the standards; and risk behaviors, risk and protective factors provided the foundation for materials found within this document.

National Health Education Standards

The National Health Education Standards, which focus on the health skills to be assessed, are critical to the healthy development of children and youth. The implementation of the National Health Education Standards has driven the improvement of student learning across the nation by providing a foundation for curriculum, instruction and

assessment of student performance. The standards also provide a guide for enhancing teacher preparation and continuing education. The goal of the National Health Standards is to improve educational achievement for students and to improve health in the United States.

The National Health Education Standards, developed with input from health professionals, educators, parents and other community members, provide a framework for schools to create an instructional program that will enable their students to become healthy and capable of academic success. The standards are based on the concept of health literacy and address the ways in which health literacy is fostered. Knowledge about health concepts and the acquisition of skills to use the information to promote health are essential components of health literacy.

The Joint Committee on National Health Education Standards defines health literacy as “the capacity of individuals to obtain, interpret and understand basic health information and services and the competence to use such information and services in ways that enhance health.” Health literate people are people who:

- can think things through and make healthy choices in solving their own problems
- are responsible and make choices that benefit themselves and others
- are in charge of their own learning
- can use communication skills in clear and respectful ways.

There are seven National Health Education Standards:



Health Education Standard 1 (Concepts–CC): Students will comprehend concepts related to health promotion and disease prevention.

This standard is linked to all content areas. Student work should demonstrate functional knowledge of the most important and enduring ideas, issues and concepts related to achieving good health.



Health Education Standard 2 (Accessing Information–AI): Students will demonstrate the ability to access valid health information and health-promoting products and services.



Health Education Standard 3 (Self Management–SM): Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.



Health Education Standard 4 (Analyzing Internal and External Influences–INF): Students will analyze the influence of culture, media, technology and other factors on health.



Health Education Standard 5 (Interpersonal Communications–IC): Students will demonstrate the ability to use interpersonal communication skills to enhance health.



Health Education Standard 6 (Decision Making–DM): Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.



Health Education Standard 6 (Goal Setting–GS): Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.



Health Education Standard 7 (Advocacy–AV): Students will demonstrate the ability to advocate for personal, family and community health.










TABLE 1
Relationship of the Health Education Content Areas and Adolescent Risk Behaviors to the National Health Education Standards

Health Education Content Areas	National Health Education Standards	Centers for Disease Control and Prevention Adolescent Risk Behaviors
Community Health	1. Students will comprehend concepts related to health promotion and disease prevention.	
Consumer Health	2. Students will demonstrate the ability to access valid health information and health-promoting products and services.	Tobacco use
Environmental Health		Dietary patterns that contribute to disease
Family Life	3. Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.	
Mental and Emotional Health		Sedentary lifestyle
Injury Prevention and Safety	4. Students will analyze the influence of culture, media, technology and other factors on health.	Sexual behaviors that result in HIV infection/other STDs and unintended pregnancy
Nutrition	5. Students will demonstrate the ability to use interpersonal communication skills to enhance health.	
Personal Health		Alcohol and other drug use
Prevention and Control of Disease	6. Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.	
Substance Use and Abuse	7. Students will demonstrate the ability to advocate for personal, family and community health.	Behaviors that result in intentional and unintentional injury

Joint Committee on National Health Education Standards

Health Content Areas

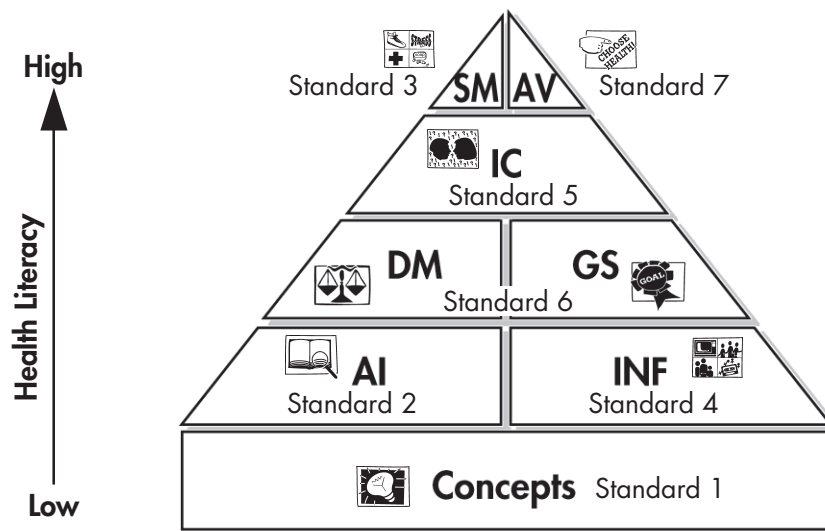
Specific content/skill topic descriptors in each section are organized by content areas, which come from the CDC Adolescent Risk Behaviors and the Traditional Health Education content areas. The following nine areas are used as content organizers.

CONTENT AREAS	LINKS TO:
 AOD — <i>Alcohol and Other Drug Use Prevention</i>	CDC Priority Risk Behavior
 INJ — <i>Injury Prevention</i>	CDC Priority Risk Behavior
 NUT — <i>Nutrition</i>	CDC Priority Risk Behavior
 PA — <i>Physical Activity</i>	CDC Priority Risk Behavior
 FLS — <i>Family Life and Sexuality</i>	CDC Priority Risk Behavior
 TOB — <i>Tobacco Use Prevention</i>	CDC Priority Risk Behavior
 MH — <i>Mental Health</i>	Traditional Content Area
 PCH — <i>Personal and Consumer Health</i>	Traditional Content Area
 CEH — <i>Community and Environmental Health</i>	Traditional Content Area

Logic Model for the National Health Education Standards

As part of the development of the *Assessment Framework* produced by the CCSSO~SCASS project, health and assessment professionals conceptualized a logic model for the National Health Education Standards. This model was hierarchical from a growth and development point of view. The model, which was useful in linking skills to content descriptors, illustrated concepts as the foundation, or base. In conjunction with concepts, the skills grow in complexity, requiring higher-order thinking, with Self Management and Advocacy at the top of the model.

When linking skills to concepts, the developmental level of the students was viewed hierarchically. For example, the Advocacy skill is considered a high-level skill. This skill was not linked to assessment at the essential level for the elementary level. On the other hand, Accessing Information was heavily linked at the elementary level. And while the full application of Self Management requires individuals to engage in personal risk assessment, some aspects of Self Management are basic (e.g., hand-washing and buckling safety belts) and can be taught and assessed at all levels.



CC -Core Concepts	AI -Accessing Information	SM -Self Management	INF -Analyzing Influences
IC -Interpersonal Communication	DM -Decision Making	GS -Goal Setting	AV -Advocacy

Risk Behaviors, Risk and Protective Factors

The Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC/DASH), monitors the risk behaviors of adolescents through the Youth Risk Behavior Surveillance System (YRBSS). The YRBSS was designed by reviewing the leading causes of morbidity and mortality among youth and adults. In the United States, more than three-quarters of all mortality, as well as enormous morbidity, disability and suffering, among 15- to 24-year olds results from only five causes. Motor vehicle crashes cause 31 percent of all mortality in this age group; other unintentional injuries (such as falls, drownings and poisonings) cause 9 percent; homicides cause 21 percent; suicides cause 14 percent; and HIV/AIDS causes 2 percent.

The mortality data, however, do not adequately reflect consequences of sexual behaviors established as individuals in this age group become sexually mature. For example, about half of all new HIV infections occur each year among those between ages 13 and 21. Further, about three million new and increasingly virulent sexually transmitted infections (STDs) in addition to HIV occur among teenagers each year. In addition, about one million teenagers become pregnant each year. The most serious problems that afflict youth, therefore, result from only three types of behaviors: behaviors that result in unintentional and intentional injuries (such as weapon carrying), alcohol and drug use, and sexual risk behaviors.

Similarly, about two-thirds of all deaths among adults age 25 and older and an enormous amount of unnecessary morbidity and health care costs result from just two causes: cardiovascular disease and cancer. Much of this adult mortality results from three behaviors usually established during youth: tobacco use, unhealthy dietary patterns and inadequate physical activity.

Thus, some of the most serious problems that afflict youth and old alike result from these six types of behaviors monitored by the YRBSS. These preventable behaviors are established during youth, often extend into adulthood, are inter-related, and can simultaneously cause poor health, poor education and poor social outcomes.

Effective health education through a coordinated school health program can have a tremendous impact on developing resiliency in children. Successful health education programs are designed to equip students with the life skills they need to combat environmental factors that may place them at risk for tobacco, alcohol and other drug use; violence; vandalism; truancy; school failure; and other unhealthy or

disruptive behaviors. Programs should identify risk factors, protective factors and strategies in each of the following domains: school, community, family and the individual.

The National Institutes on Drug Abuse guide *Preventing Drug Use Among Adolescents* provides a synopsis of these risk and protective factors. Besides risk factors within families, which include chaotic home environments, ineffective parenting and lack of mutual attachments and nurturing, other risk factors are specifically related to students' interactions in schools, with peers and with the community. They include:

- inappropriate shy and aggressive behavior in the classroom
- failure in school performance
- poor social coping skills
- affiliation with deviant peers or peers around deviant behaviors
- perceptions of approval of drug-using behaviors in the school, peer and community environments

Certain protective factors have also been identified. These factors are not always the opposite of risk factors. The impact of these factors varies throughout the individual's developmental process. The most salient protective factors include:

- strong bonds with family
- experience of parental monitoring with clear rules of conduct within the family unit and involvement of parents in the lives of their children
- success in school performance
- strong bonds with prosocial institutions such as the family, school and religious organizations
- adoption of conventional norms about drug use

Other factors—such as the availability of drugs, trafficking patterns and beliefs that drug use is generally tolerated—also influence the number of young people who start to use drugs (National Institutes on Drug Abuse, National Institutes of Health 1997).

Safe and Drug-Free Schools and Communities—Principles of Effectiveness

The United States Department of Education has established four “principles of effectiveness” to govern how recipients will develop and implement programs under Title IV — State and Local Programs of the Elementary and Secondary Education Act, the Safe and Drug-Free Schools and Communities Act (SDFSCA) State Grant Program.

Principle 1—Conducting Needs Assessment

Programs should be based on a thorough assessment of objective data about the drug and violence problems in the schools and communities served and assess the needs of all segments of the youth population.

Principle 2—Measurable Goals and Objectives

Measurable goals and objectives should be set with the assistance of a local or regional advisory council. These goals and objectives should focus on behavioral and attitudinal outcomes as well as program implementation. These goals and objectives should be able to determine the extent to which programs are effective in reducing or preventing drug use, violence or disruptive behavior among youth.

Principle 3—Effective Research-based Programs

Youth-based programs should be based on research or evaluation that provides evidence that the programs used prevent or reduce drug use, violence or disruptive behavior among youth. These programs should be replicated consistent with their original design.

Principle 4—Program Evaluation

The SDFSCA program should be evaluated to: assess progress toward achieving goals and objectives; refine, improve and strengthen programs and refine goals and objectives as appropriate; assess programs and use information about program outcomes and fidelity of replication to re-evaluate existing program efforts.

Reference: <http://www.ed.gov/offices/OESE/ESEA/prospectus/title4/html>

To comply with USDE/SDFSCA principles of effectiveness, the following criteria describe effective substance abuse, violence and disruptive behavior prevention programs (Scattergood et al. 1998).

- Findings are based on theory.
- The program was implemented as it was intended and implemented long enough to influence positive change.
- There was evidence of quality sample design, including adequate sample sizes and response rates.
- The measures were relevant, high quality and statistically powerful.
- Rigorous data collection resulted in complete data.
- Data analysis techniques were appropriate and technically adequate.
- Confounding variables were eliminated that might have been responsible for the program effects.
- Level of confidence could be placed on project findings.
- A follow-up measure was conducted at least four weeks after the intervention.
- Sustained effect was demonstrated and model was suitable for multiple site replication or likely to demonstrate success in diverse settings with diverse populations.

References

National Institute for Drug Abuse, National Institutes of Health. 1997. *Preventing Drug Use Among Children and Adolescents: A Research-based Guide*. NIH Publication 97-4214. Rockville, MD.

Scattergood, Phyllis, Kimberly Dash, Joel Epstein, and Melanie Adler. 1998. *Applying Effective Strategies to Prevent or Reduce Substance Abuse, Violence, and Disruptive Behavior among Youth*. Newton, MA: Education Development Center.

Assessment for Health Education

Introduction

Innovations in assessment represent powerful tools for aligning curriculum and instruction. States are using new assessment strategies as vehicles to drive and improve education and monitor program effectiveness. Meaningful educational assessment can encourage classroom instruction that stimulates higher-order thinking and practical application of knowledge and skills.

States are collaborating in the development of needed assessments, because developing and validating assessment instruments is costly. The State Collaborative on Assessment and Student Standards (SCASS), a project of the Council of Chief State School Officers (CCSSO), which began in 1991 to develop prototype assessments in several disciplines, is one such major collaborative effort. Collaborative efforts provide the following advantages:

- Different perspectives can be expressed.
- Various types of assessments can be created to meet different assessment purposes.
- New assessments can be developed in a relatively short period of time.
- The cost for partner states is less than what each would spend if it developed the assessments on its own.

In 1993 CCSSO initiated a similar project to identify and develop assessment measures in the area of health education. Specialists in assessment and health education from 32 SCASS member states collaborated to produce assessments and other resources.

The mission of the CCSSO~SCASS Health Education Assessment Project is to develop effective health education resources through a collaborative process, and to increase member's capacity to align curriculum, instruction, and assessment to improve student health literacy through improved health education instruction. The main goal is to produce and distribute valid and reliable assessment instruments for large-scale and classroom use. The Health Education Assessment Project is designed to be administered in upper elementary school, middle school and high school.

The quality and variety of assessment strategies must recognize the complex nature of health education. Efforts to promote health are not limited to the classroom setting but permeate the entire school

environment. These efforts should be based on strong cooperation and collaboration with social institutions that serve youth—parents and families, schools and post-secondary institutions, community agencies, religious organizations, health care providers, media, employers, and local and state government agencies.

Performance Assessment

Performance assessment in health education provides educators the opportunity to view student growth in a rich and dynamic way. Performance assessment refers to testing methods that require students to develop answers or products that demonstrate their knowledge of skills. In performance assessment, students are more actively engaged in constructing their responses to the testing situation than they are when they choose from the choices provided in multiple-choice questions. Performance assessments may take many different forms, such as writing an extended essay, making an oral or visual presentation or assembling a collection of representative work.

Performance events and performance tasks relate to students' actual experience and strive to involve students in meaningful ways in their context and environment. See specific definitions for performance tasks and events in the Glossary.

Types of Assessment in the CCSSO~SCASS Project

Health educators, working under the direction of Harcourt Brace Educational Measurement editors, constructed four types of assessments to measure the health content and skills contained in the National Health Education Standards:

- selected response
- performance tasks
- constructed response
- portfolios
- performance events

Selected Response

Selected response (multiple choice) items, together with constructed response items, are intended to assess a narrower range of knowledge

and concepts than are addressed by a performance task or event. Each selected response item consists of a *direct question or an incomplete question stem, followed by four answer options*. Students are asked to select the correct answer option.

Constructed Response

Constructed response items, together with selected response (multiple choice) items, are intended to assess a narrower range of knowledge and concepts than are addressed by a performance task or event. Most constructed response items are *designed to elicit a response of one or two sentences to one or two paragraphs*. They may also prompt students to draw or complete a chart, graph or schematic diagram or to respond in some other written form in the limited time available for answering this type of item.

Item writers are encouraged to present students with authentic contexts and prompt them for responses requiring more than rote memory. However, because these items are designed to be scored on a holistic four-point scale, expected responses will normally include relatively elementary as well as more developed or insightful elements.

Performance Events

Performance events are curriculum-embedded activities that students complete *within a single class period*. A performance event might include some limited group work, but the emphasis is on an individual written response to a problem situation. This response could take a variety of written forms.

Performance events are intended to be grounded as much as possible in authentic student experiences, involving perceptions, beliefs, aspirations and interpersonal interactions that are genuine for children and adolescents in their social and physical contexts, such as peer, family and school environments.

Performance Tasks

Performance tasks are curriculum-embedded projects that students *complete outside of class over an extended period* of time (in excess of one class period). Students may complete some work in groups, and the final product may include one or more components completed individually. Although performance tasks assume a knowledge of health facts and

concepts specific to the context of the assessment, they are designed to assess both health knowledge and health skills. Performance task activities create a complex product and reveal what a student can do.

Performance tasks are intended to be grounded as much as possible in authentic student experiences, involving perceptions, beliefs, aspirations and interpersonal interactions that are genuine for children and adolescents in their social and physical contexts, such as peer, family and school environments.

Portfolios

Representative collections of students' work, prepared in the normal course of classroom activities, which can be used to document students' level of achievement in specified subjects or to evaluate work in progress or work over time. Portfolios can be used to expand on information about student achievement gathered through annual assessments.

Criteria for Good Performance Assessment

Good performance assessment meets the following criteria:

- matches goals and objectives
- requires evaluation and synthesis of knowledge and skills
- emphasizes higher-order thinking skills
- clearly indicates what the student is asked to do but not how to do it
- is at an appropriate reading level
- has criteria that are clear to students and teachers
- is engaging and relevant to students
- links to ongoing instruction
- provides feedback to students
- provides cost-effective benefits to students
- reflects real-world situations
- emphasizes use of available knowledge and skills in relevant problem contexts

Assessing Concepts and Skills in Health Education

CONCEPTS

CONCEPTS



AOD



INJ



NUT



PA



FLS



TOB



MH












PCH



CEH

NATIONAL HEALTH EDUCATION STANDARD 1

 AOD -Alcohol and Other Drug Use Prevention	 NUT -Nutrition	 MH -Mental Health
 TOB -Tobacco Use Prevention	 PA -Physical Activity	 PCH -Personal and Consumer Health
 INJ -Injury Prevention	 FLS -Family Life and Sexuality	 CEH -Community and Environmental Health

Assessing Concepts and Skills in Health Education

SKILLS

NATIONAL HEALTH EDUCATION STANDARDS 2-7

SKILLS



AI



SM



INF



IC



DM



GS

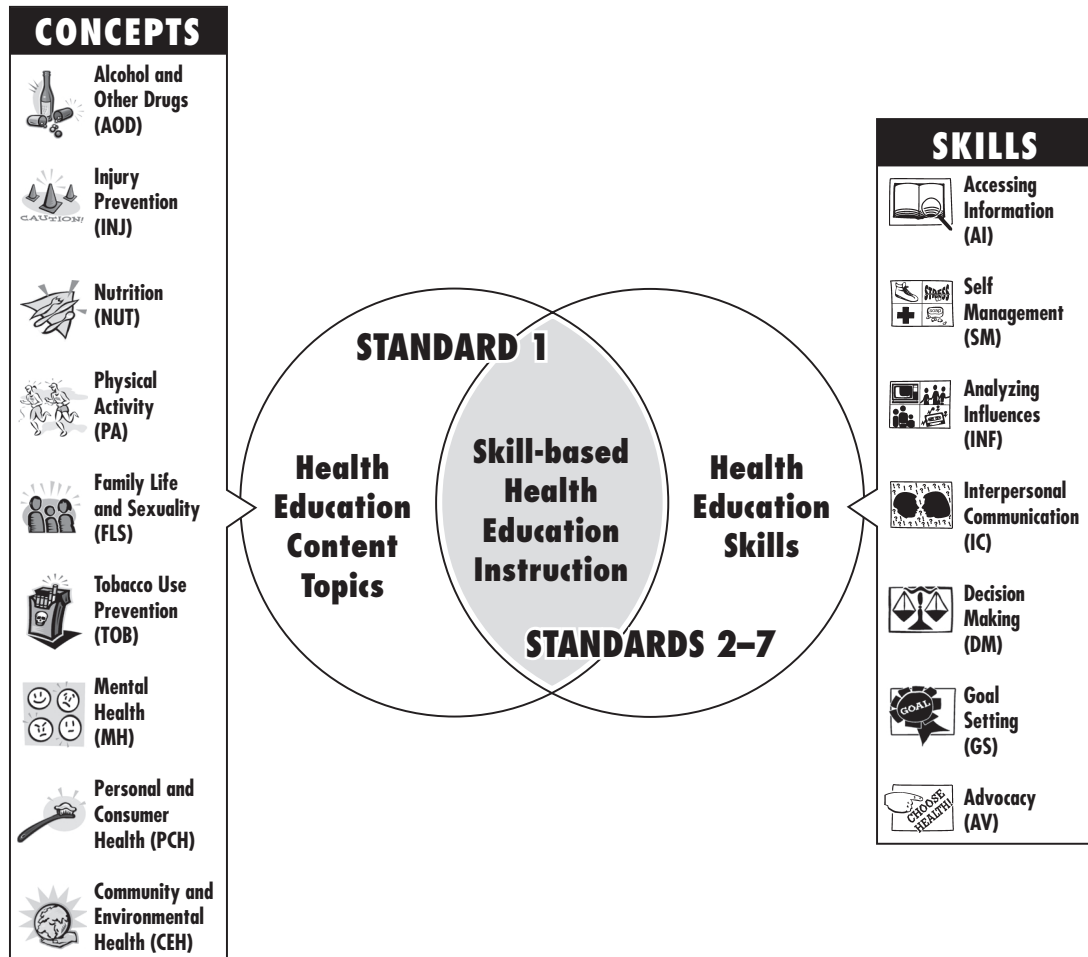


AV

CC -Core Concepts	AI -Accessing Information	SM -Self Management	INF -Analyzing Influences
IC -Interpersonal Communication	DM -Decision Making	GS -Goal Setting	AV -Advocacy

Assessing Concepts and Skills in Health Education

CONCEPTS AND SKILLS



Performance assessment items in the CCSSO~SCASS Health Education Assessment Project elicit a student response on both concepts and skills. Items challenge students to demonstrate skills using specific concepts.

Rubrics and Scoring

Students should have a clear understanding of the standards for performance assessment. These standards will relate to both concepts, knowledge of health facts, and the skills for health literacy.

The CCSSO~SCASS Health Education Assessment Project has developed specific rubrics for scoring concepts and skills. The rubrics are found on the following pages. The concepts scale focuses on students' ability to comprehend health concepts, to make relationships between concepts, and to draw conclusions about those relationships. Students score higher when their work is comprehensive.

The skills scale is more generic; it focuses mainly on proficiency in demonstrating a skill. Six skills that link directly to National Health Education Standards are measured. Specific criteria for determining proficiency are described on the following pages.

Dimensions for Rubrics and Scoring

Concepts

National Health Education Standard 1



Skills

Accessing Information

National Health Education Standard 2



Self Management

National Health Education Standard 3



Analyzing Internal and External Influences

National Health Education Standard 4



Interpersonal Communications

National Health Education Standard 5



Decision Making

National Health Education Standard 6



Goal Setting

National Health Education Standard 6



Advocacy

National Health Education Standard 7



Students can perform better if they know what is expected. Teachers have found great success when students understand rubrics and the criteria for scoring. The CCSSO~SCASS Health Education Assessment Project has developed tools for teachers to use with students to help them understand the criteria for rubrics and scoring in this system. See the Student Rubrics that follow. Different classroom management techniques are used to assist students with this process. Following are a few examples:

- posting rubrics around the room in large type
- creating a set of student rubrics for students to use as a reference
- involving students in using the criteria to score their own work and the work of classmates

Rubrics

2 Dimensions

4-Point Scale



CCSSO-SCASS Health Education Scoring Rubric

CONCEPTS

4: The response is complex, accurate, and comprehensive, showing breadth and depth of information; relationships are described and conclusions drawn.

3: The response identifies relationships between two or more health concepts; there is some breadth of information, although there may be minor inaccuracies.

2: The response presents some accurate information about the relationships between health concepts, but the response is incomplete and there are some inaccuracies.

1: The response addresses the assigned task, but provides little or no accurate information about the relationships between health concepts.

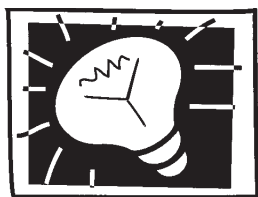
SKILLS

4: The response shows evidence of the ability to apply health skills; the response is complete and shows proficiency in the skill.

3: The response shows evidence of the ability to apply health skills; the response is mostly complete, but may not be fully proficient.

2: The response shows some evidence of the ability to apply health skills. The response may have inaccuracies or be incomplete.

1: The response shows little or no evidence of the ability to apply health skills.



Core Concepts



Students will comprehend concepts related to health promotion and disease prevention.

Characteristics of Student Work

CC is linked to all content areas. Student work should demonstrate functional knowledge of the most important and enduring ideas, issues, and concepts related to achieving good health.

Key Criteria

Specific criteria for student work is based largely on the following:

- accuracy
- comprehensiveness
- relationships among concepts shown
- conclusions drawn

Concepts Rubric

4

The response is complex, accurate, and comprehensive, showing breadth and depth of information; relationships are described and conclusions drawn.

3

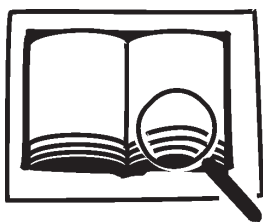
The response identifies relationships between two or more health concepts; there is some breadth of information, although there may be minor inaccuracies.

2

The response presents some accurate information about the relationships between health concepts, but the response is incomplete and there are some inaccuracies.

1

The response addresses the assigned task, but provides little or no accurate information about the relationships between health concepts.



Accessing Information

AI

Students will demonstrate the ability to access valid health information and health-promoting products and services.

Characteristics of Student Work

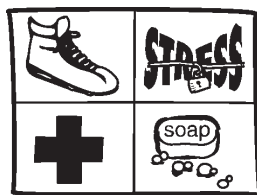
This skill category evaluates the students' ability to access valid health information and health-promoting products and services. The quality of student responses may vary from low, where the student provides little or no evidence that appropriate sources of health information have been accessed, to high, where the student provides considerable evidence that she or he understands what considerations should apply when evaluating health information or selecting a health-related product or service.

Skill Cues

- identifies or cites specific sources
- evaluates validity of source
- provides rationale for appropriateness of source
- demonstrates ability to access appropriate community resources to meet specific needs
- identifies the type of help available from source

Generic Skills Rubric

- | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------|
| 4 | The response shows evidence of the ability to apply health skills; the response is complete and shows proficiency in the skill. |
| 3 | The response shows evidence of the ability to apply health skills; the response is mostly complete, but may not be fully proficient. |
| 2 | The response shows some evidence of the ability to apply health skills; the response may have inaccuracies or be incomplete. |
| 1 | The response shows little or no evidence of the ability to apply health skills. |



Self Management

SM

Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.

Characteristics of Student Work

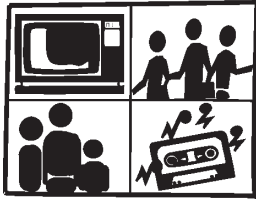
This category addresses students' ability to take personal responsibility to assess health risks and determine behaviors that will protect and promote health and reduce health risks. Specific skills include personal health and hygiene practices, first aid and safety procedures, avoiding threatening situations, and managing stress.

Skill Cues

- identifies healthful behaviors
 - + stress management and coping strategies
- demonstrates healthful behaviors, habits, and/or techniques
- identifies protective behaviors
 - + first aid techniques
 - + safety steps
 - + strategies to avoid/manage unhealthy or dangerous situations
- lists steps in correct order if appropriate

Generic Skills Rubric

- | | |
|---|--------------------------------------------------------------------------------------------------------------------------------------|
| 4 | The response shows evidence of the ability to apply health skills; the response is complete and shows proficiency in the skill. |
| 3 | The response shows evidence of the ability to apply health skills; the response is mostly complete, but may not be fully proficient. |
| 2 | The response shows some evidence of the ability to apply health skills; the response may have inaccuracies or be incomplete. |
| 1 | The response shows little or no evidence of the ability to apply health skills. |



Analyzing Influences

INF

Students will analyze the influence of culture, media, technology, and other factors on health.

Characteristics of Student Work

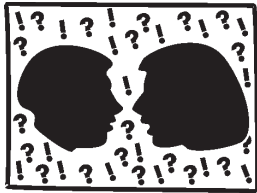
This skill category evaluates students' ability to analyze the influence of internal and external elements on health behavior. The quality of student responses may vary from low, with little or no evidence that the student recognizes that internal and external factors influence personal, family, and community health, to high, with responses that show evidence of an appreciation of the complexity of the influences and provide analysis of the factors affecting personal, family, and community health.

Skill Cues

- identifies and analyzes external factors
 - + media
 - + parents
 - + ethnic
 - + legal
 - + peers
 - + geographic
 - + societal
 - + technology
- identifies and analyzes internal factors
 - + curiosity
 - + interests
 - + desires
 - + fears
 - + likes/dislikes
- addresses interrelationships and complexity of influences
- presents variety of influences as appropriate

Generic Skills Rubric

- 4** The response shows evidence of the ability to apply health skills; the response is complete and shows proficiency in the skill.
- 3** The response shows evidence of the ability to apply health skills; the response is mostly complete, but may not be fully proficient.
- 2** The response shows some evidence of the ability to apply health skills; the response may have inaccuracies or be incomplete.
- 1** The response shows little or no evidence of the ability to apply health skills.



Interpersonal Communication

IC

Students will demonstrate the ability to use interpersonal communication skills to enhance health.

Characteristics of Student Work

This skill category evaluates students' ability to use interpersonal communication skills to enhance health behaviors. The quality of student responses may vary from low, providing little or no evidence of the ability to convey or exchange information, ideas, or beliefs about health, to high, demonstrating the use of appropriate communication techniques to exchange information effectively.

Skill Cues

- demonstrates interactions among individuals
- message tactics and strategies
 - + clear, organized ideas or beliefs
 - + use of "I" message
 - + tone—respectful vs. aggressive and confrontational
 - + body language
- demonstrates refusals
 - + clear "no" statement
 - + walk away
 - + provide a reason
 - + delay, change the subject
 - + repeat refusal
 - + provide an excuse
 - + put it off

Generic Skills Rubric

- 4** The response shows evidence of the ability to apply health skills; the response is complete and shows proficiency in the skill.

- 3** The response shows evidence of the ability to apply health skills; the response is mostly complete, but may not be fully proficient.

- 2** The response shows some evidence of the ability to apply health skills; the response may have inaccuracies or be incomplete.

- 1** The response shows little or no evidence of the ability to apply health skills.



Decision Making

DM Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

Characteristics of Student Work

This category evaluates the ability to use decision making to enhance health. The quality of student responses may vary from low, showing little or no recognition of the need to make a decision, to high, showing reflection and a logical progression through a decision-making process that results in a health-enhancing decision.

Skill Cues

- personalized
- shows progression through a decision-making process
 - + identifies the decision to be made
 - + considers options and consequences
 - + takes action or makes decisions
 - + evaluates or reflects on action

Generic Skills Rubric

- | | |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 4 | The response shows evidence of the ability to apply health skills; the response is complete and shows proficiency in the skill. |
| <hr style="border-top: 1px dashed #000;"/> | |
| 3 | The response shows evidence of the ability to apply health skills; the response is mostly complete, but may not be fully proficient. |
| <hr style="border-top: 1px dashed #000;"/> | |
| 2 | The response shows some evidence of the ability to apply health skills; the response may have inaccuracies or be incomplete. |
| <hr style="border-top: 1px dashed #000;"/> | |
| 1 | The response shows little or no evidence of the ability to apply health skills. |



Goal Setting

GS

Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

Characteristics of Student Work

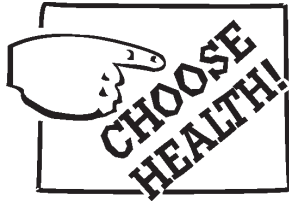
This category evaluates the ability to use goal setting to enhance health. The quality of student responses may vary from low, showing little or no recognition of the need to set a goal, to high, showing reflection and a logical progression through a goal-setting process that results in a health-enhancing goal statement and plan.

Skill Cues

- shows clear progression through a goal-setting process
 - + clear goal statement
 - + identifies realistic goal
 - + plans for reaching goal
 - + evaluates or reflects on action

Generic Skills Rubric

4	The response shows evidence of the ability to apply health skills; the response is complete and shows proficiency in the skill.
3	The response shows evidence of the ability to apply health skills; the response is mostly complete, but may not be fully proficient.
2	The response shows some evidence of the ability to apply health skills; the response may have inaccuracies or be incomplete.
1	The response shows little or no evidence of the ability to apply health skills.



Advocacy

AV

Students will demonstrate the ability to advocate for personal, family, and community health.

Characteristics of Student Work


This skill category evaluates students' ability to advocate for personal, family, and community health. The quality of student responses may vary from low, where the student shows little evidence of attempting to argue for a health-related position, to high, where the student provides complete responses showing evidence of audience awareness, conviction, and supporting reasons or information for a position that is health-enhancing.

Skill Cues

- takes a clear, health-enhancing stand/position
- supports the position with relevant information
- shows awareness of audience
- encourages others to make healthful choices
- demonstrates passion/conviction

Generic Skills Rubric

4	The response shows evidence of the ability to apply health skills; the response is complete and shows proficiency in the skill.
3	The response shows evidence of the ability to apply health skills; the response is mostly complete, but may not be fully proficient.
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Concepts and Skill Criteria for Students



TIPS



Core Concepts

**Health
Education
Standard 1**

Students will comprehend concepts related to health promotion and disease prevention.

Use complete, factual information.

Be sure the facts are accurate.

Show relationships among ideas.

Make factual conclusions about health.





TIPS

Accessing Information

Health Education Standard 2

Students will demonstrate the ability to access valid health information and health-promoting products and services.

Identify sources of information.

Explain how to find the needed help.

Explain what type of help this source offers.

Explain why it's a good source.



AI

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TIPS



SM

Self Management

Health
Education
Standard 3

Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.

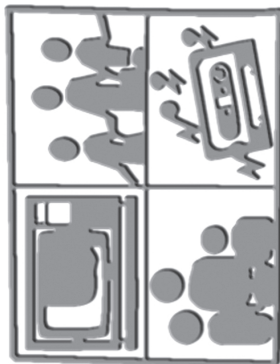
Demonstrate habits that contribute to health.

Describe or demonstrate specific first aid and safety techniques.

Identify strategies to avoid or manage unhealthy or dangerous situations.

List the steps in the correct order if there is one.





TIPS



INF

Analyzing Influences

Health
Education
Standard 4

Students will analyze the influence of culture, media, technology, and other factors on health.

Show a variety of influences.

Show both internal and external influences.

Explain the complexity of the influences.

Show how the influences affect health choices.





TIPS



IC

Interpersonal Communication

Health
Education
Standard 5

Students will demonstrate the ability to use interpersonal communication skills to enhance health.

Show dialogues that express needs, ideas and opinions.

Be clear and organized.

Show effective ways to say “no.”

Use appropriate and effective verbal and nonverbal strategies.

- “I” messages
- body language
- appropriate tone
- attentive listening





TIPS



DM

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Decision Making

Health
Education
Standard 6

Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

Show all the steps of the decision-making process.

Identify the decision to be made.

Identify options and possible consequences.

State the decision clearly.

Evaluate and reflect on the decision.





TIPS

GS

Goal Setting

Health
Education
Standard 6

Students will demonstrate the ability to use goal-setting and decision-making skills to enhance health.

Show all the steps in a goal-setting process.

Write a clear goal statement.

Be sure the goal is realistic.

Make a plan for meeting the goal.

Show how to evaluate and adjust the plan if needed.





TIPS

AV

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Advocacy

Health
Education
Standard 7

Students will demonstrate the ability to advocate for personal, family, and community health.

- Take a clear stand for a healthy choice.**
- Explain why the stand taken is good for health.**
- Use information to support the choice.**
- Show awareness of the audience for the message.**
- Be persuasive.**
- Show conviction about the message.**



Planning for Performance Assessment

Performance tasks (also called *prompts*) are assignments or directions asking students to undertake a task or series of tasks to demonstrate proficiency with health-related knowledge (content) and skills.

A task or prompt might be a question on a test, an assignment, or verbal instructions. A task or prompt presents the context of the situation, the problem or problems to be solved, and criteria or standards by which students will be evaluated.

Student work is scored using specific scoring criteria. Tasks must be designed to meet both the content and skill criteria that will be scored.

The questions on the template can help you design performance tasks. Use your course guidelines and teacher texts for information and ideas. A variety of project options allows your students to choose a variety of formats to complete the tasks. (See the list of “Project Options by Skill Area.”)

When planning performance tasks, gather your curriculum framework and course outline. Organize and space performance tasks so they are a part of your regular classwork and assessment procedure. They should not be “extra” or “isolated” tasks for you or your students. By using a variety of tasks and focusing on different skills, you will be able to provide students with several opportunities to meet the required skill and content applications for scoring.

Teacher-developed performance assessment should be used only for classroom assessment. Higher-level assessment must include provisions for proper validity and reliability measures, including try-outs.

Performance Task Template



Topic

What areas of health does this project assess? Why is it important? How does it relate to health? What is the focus of the project?



Key Concepts

What basic concepts do students need to know?



Skills

Which of the six skills does the project assess?



Curricular Connections

What other subject areas does this project support?

Assessment Criteria

You will be assessed on the following key concepts:
(*List concepts.*)

You will be assessed on the following skills.
(*List skills.*)

Your project must include the following:
(*List project components.*)

Project Options

Prepare a list of options for the project. (See Project Options list.)

Project Options by Skill Area

Performance assessment, in particular portfolio assessment, provides the opportunity to offer a wide variety of options as learning experiences. The following list, while not definitive, provides some examples of appropriate project options for each of the six health literacy skills.



Accessing Information

- Report from a video
- Watch video & make a brochure
- Computer program
- Research project
- Surveys



Self Management

- Journals
- Letters
- Family tree
- Fitness calendar
- Role plays
- Interview family members



Analyzing Internal and External Influences

- Change an advertisement
- Metacognitive scrapbook of personal health
- Skit on peer pressure
- Write a book
- Rewrite a tale that helps explain influences
- Role play
- Write a new law
- Surveys



Interpersonal Communication

- Puppet show
- Skit
- Interview
- Role play
- Comic
- Dialogue between characters



Decision Making

- Role play of decision-making process



Goal Setting

- Create a wellness plan
- Fitness calendar



Advocacy

- Brochure
- T-shirt
- Rap or song
- Radio ad
- Poster
- Video
- Teach a lesson to younger children
- Skit
- Puppet show
- Bumper sticker
- Magazine advertisement
- Write a law